

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A0522 Type of Application: (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

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Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

400 R STREET, SUITE 3080

LICENSING

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

SACRAMENTO

CA

95814

( 916 ) 322-4000

City

State

Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_  
Last First

CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: ☐ Male ☐ Female

Misc. No. BIL -  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_

Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: \_\_\_\_\_

Street or PO Box

SOC: \_\_\_\_\_

City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name \_\_\_\_\_

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Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

